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Adolescents Who are Less Religious than Their Parents are at Risk for Externalizing and Internalizing Symptoms: The Mediating Role of Parent-Adolescent Relationship Quality

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Abstract

Parents generally take pains to insure that their children adopt their own religious beliefs and practices, so what happens psychologically to adolescents who find themselves less religious than their parents? We examined the relationships among parents' and adolescents' religiousness, adolescents' ratings of parent-adolescent relationship quality, and adolescents' psychological adjustment using data from 322 adolescents and their parents. Adolescent boys who had lower organizational and personal religiousness than their parents, and girls who had lower personal religiousness than their parents, had more internalizing and externalizing psychological symptoms than did adolescents whose religiousness better matched their parents'. The apparent effects of sub-parental religiousness on adolescents' psychological symptoms were mediated by their intermediate effects on adolescents' ratings of the quality of their relationships with their parents. These findings identify religious discrepancies between parents and their children as an important influence on the quality of parent-adolescent relationships, with important implications for adolescents' psychological well-being.

Keywords

religiousness; parent- adolescent relationship quality; intergenerational solidarity; internalizing/ externalizing symptoms

Religion can play important roles in the psychological well-being of adolescents and the functioning of their families. Adolescent religiousness is associated with protection from many negative outcomes, including internalizing problems such as depression (Pearce, Little, & Perez, 2003; Schapman & Inderbitzen-Nolan, 2002; Wright, Frost, & Wisecarver, 1993) and externalizing problems such as delinquency (Pearce, Jones, Schwab-Stone, & Ruchkin, 2003; Sinha, Cnaan, & Gelles, 2007). Moreover, religiousness is generally associated with indicators of good family functioning (Mahoney, Pargament, Tarakeshwar, & Swank, 2001). For example, mothers' views of the importance of religion has a strong positive association with both mothers' and children's reports of mother-child relationship quality (Pearce & Axinn, 1998), and adolescents who attend church tend to report more involvement in, and satisfaction with, their families (Smith, 2003). Parental religiousness is also positively related to warm and supportive parenting behaviors and effective monitoring

(Bartkowski & Wilcox, 2000; Brody & Flor, 1998; Brody, Stoneman, & Flor, 1996; Gunnoe, Hetherington, & Reiss, 1999).

However, research on the associations of religiousness with adolescent outcomes has largely overlooked a fundamental fact about adolescents and their religious beliefs: When adolescents become more (or less) religious, these personal changes often create discrepancies between the adolescents' and their parents' endorsement of cherished beliefs and engagement in personally meaningful practices. These discrepancies may be equally or perhaps even more potent in predicting adolescent maladjustment than are parents' and adolescents' mean levels of religiousness. That is, discrepancies in religiousness may negatively affect relationship quality between adolescents and their parents, which in turn is associated with adolescent maladjustment. Indeed, research suggests that, among young adults, when a mother and her child place similar degrees of importance on religion, they report higher-quality affective relations (Pearce & Axinn, 1998). Conversely, adolescents who ascribe less importance to religion than their parents report less affection toward parents compared with adolescents who ascribe the same importance to religion as their parents (Stokes & Regnerus, 2009). Accordingly, we hypothesized that discrepancies between parents' and adolescents' levels of both organizational religiousness (e.g., frequency of public service attendance) and personal religiousness (i.e., self-rated importance of religion), as distinct from their individual levels of religiousness, would predict parent-adolescent relationship quality and, subsequently, adolescent maladjustment.

The research to date suggests that adverse family processes characterized by the absence of supportive interactions and by elevated levels of conflictual interactions may increase adolescents' vulnerability to psychopathology (e.g., Sheeber, Hops, & Davis, 2001). In particular, the quality of adolescents' relationships with their parents plays a critical role in the development of internalizing and externalizing symptoms (Fanti, Henrich, Brookmeyer, & Kuperminc, 2008; Sheeber et al., 2001). These findings are consistent with the perspective that emphasizes the role of chronic interpersonal stress relevant to the etiology of children's and adolescents' psychopathology (e.g., Compas, Grant, & Ey, 1994). Consequently, we hypothesized that parent-adolescent relationship quality would mediate the association of discrepancy between parents' and adolescents' religiousness with adolescents' maladjustment. The present investigation, to our knowledge, is the first study to examine whether discrepancies between adolescents' religiousness and their parents' religiousness influence adolescent internalizing and externalizing symptoms by way of the intermediate effect of religious discrepancy on adolescents' perceptions of their relationships with their parents.

Existing literature provides evidence to expect that the strength and the patterns of the association between religiousness and adolescent adjustment might differ between boys and girls. Prior research indicates that girls show higher levels of church involvement (King et al., 1997; Smith, Denton, Faris, & Regnerus, 2002) and personal religiousness (Kerestes, Younis, & Metz, 2004). Furthermore, parents' religiousness might not provide a uniformly protective influence on their children; rather, the effects of parents' religiousness on child outcomes might depend on children's gender. For example, boys' religiousness is more likely to be influenced by parents' religiousness (Flor & Knapp, 2001) and in one study parents' religiousness had stronger protective effects against delinquent behaviors for girls than for boys (Regnerus, 2003). However, extant literature is greatly limited regarding gender differences in the effects of religiousness because many researchers have controlled for gender (instead of considering gender as a moderating factor) or have solely focused on examining gender differences in levels of religiousness. We know of no studies that systematically examined gender differences in the relations of parent and adolescent

religiousness to adolescent adjustment. Therefore, we examined gender differences in the strength of the hypothesized relationships.

Method

Participants

Participants were 322 adolescents (145 girls, 177 boys) and 322 primary caregivers (parents hereafter), including 268 (83%) mothers, 44 (14%) fathers, and 10 (3%) grandmothers. Adolescents were 12.63 years old on average ($SD = 1.52$, range: 10 to 15 years); 84% were White, 11% were African American, 3% were Hispanic, and 2% were in other ethnic groups. Parents were 43.21 years old on average ($SD = 7.02$, range: 26 to 70 years); 73% were married or living with a partner as though married, 18% were separated or divorced, 8% were never married, and 1% were widowed. Mean family income was \$35,000–49,999. Adolescents' and parents' religious affiliations, respectively, included Protestant (65% and 68%), Roman Catholic (9% and 8%), Jewish (1% and 0%), Muslim (1% and 1%), "None" (13% and 9%) and "Other" (11% and 14%).

Procedure

Participants were drawn from Southwestern Virginia by diverse advertisement methods. Some families were sent letters after being identified through a commercial agency that provided lists of families residing in the target area who were likely to have an adolescent. Other families responded to flyers, email circulations, or notices placed on the internet. Families that were interested in the study were asked to call the research office, and were recruited by a research staff member who explained the study procedures and answered any questions about the interview. Adolescents and their parents were interviewed separately by trained research assistants and they received monetary compensation for participating. All procedures were approved by the institutional review board of the university.

Measures

Religiousness—Religiousness was assessed by adolescents' and parents' self-reports with six items from published measures (Fetzer/NIA, 1999; Jessor & Jessor, 1977). Organizational religiousness was measured with two items that instructed participants to indicate how often they attended "religious services" and "other religious activities," respectively. Personal religiousness was assessed with four items that instructed participants to indicate the importance of religious faith in their lives. Based on confirmatory factor analysis results showing that all of the factor loadings were significant and comparable in magnitude (factor loadings ranged from .65 to .82 for organizational religiousness and from .69 to .86 for personal religiousness), we derived two subscale scores by calculating the average of the item scores for organizational religiousness ($\alpha = .70$ for adolescents and .86 for parents) and personal religiousness ($\alpha = .89$ for adolescents and .92 for parents).

Inventory of Parent Attachment—Adolescents completed a short version (12 items) of the Inventory of Parent Attachment (Armsden & Greenberg, 1987; Raja, McGee, & Stanton, 1992) that measured the quality of communication, trust, and alienation in the parent-adolescent relationship. Higher scores for the composite (calculated by averaging the three subscale scores with the alienation subscale reverse-coded) indicated better parent-adolescent relationship quality ($\alpha = .85$).

Youth Self-Report (YSR)—Adolescents completed the YSR (Achenbach & Rescorla, 2001) that is comprised of 112 items covering adolescents' symptoms and problematic behaviors displayed during the previous six months. We combined these items into separate measures of internalizing symptoms (withdrawal, somatic complaints, and anxiety-

depression; $\alpha = .84$) and externalizing symptoms (aggressive behaviors, delinquent behaviors; $\alpha = .77$).

Results

Preliminary Analyses

Descriptive statistics and zero-order correlations for all study variables appear in Table 1. We performed multivariate general linear modeling (GLM) analyses to examine possible effects of demographic characteristics on the study variables. There were no significant main effects of adolescent gender ($p = .98$), adolescent ethnicity ($p = .62$), adolescent age ($p = .82$), family socioeconomic status ($p = .35$), parent marital status ($p = .74$), or parent gender ($p = .92$).

Discrepancy between Parents' and Adolescents' Religiousness, Parent-Adolescent Relationship Quality, and Adolescent Maladjustment

The discrepancies between parents' and adolescents' religiousness were estimated by subtracting adolescents' scores from parents' scores for organizational religiousness and personal religiousness, respectively. For Organizational Religiousness Discrepancy, 37% of boys and 25% of girls reported lower levels than parents, 18% of boys and 25% of girls reported equal levels, and 45% of boys and 50% of girls reported higher levels than parents. For Personal Religiousness Discrepancy, 59% of boys and 54% of girls reported lower levels than parents, 16% of boys and 25% of girls reported equal levels, and 45% boys and 21% girls reported higher levels than parents. Parent-adolescent discrepancy scores can be confounded with individual levels of religiousness, therefore the absolute level of parents' and adolescents' religiousness was simultaneously controlled by including the sum of the parents' and adolescents' religiousness scores in each model (Rovine, 1994).

Table 2 summarizes the results of three sequential structural equation models in which we evaluated gender differences in the role of adolescent-parent relationship quality as a mediator of the links between adolescent-parent religiousness variables and adolescent externalizing and internalizing symptoms. In the *Configural Invariance* model, all parameters were freely estimated across the two groups. The *Equal Direct Effect* model tested whether the direct effects of religious discrepancy and the combined level of religiousness were equivalent between boys and girls. Next, the *Equal Indirect Effect* model tested whether the indirect effects of the religiousness predictors on adolescents' symptoms through parent-adolescent relationship quality were equivalent for boys and girls. The relative fit of these three models was compared via differences in their chi-square values.

For organizational religiousness, the Equal Direct Effect model was the best-fitting model (see Table 2), indicating that the direct effects of religiousness on adolescent outcomes did not significantly differ between boys and girls, although the indirect effects of religiousness on externalizing and internalizing symptoms via parent-adolescent relationship quality did differ between genders. As Figure 1 shows, for boys only, higher parent-adolescent discrepancies and lower combined levels of parents' and adolescents' religiousness were related to poorer parent-adolescent relationship quality. For both boys and girls, poorer parent-adolescent relationship quality was related to more externalizing and internalizing symptoms. Sobel's (1982) tests revealed significant indirect effects of parent-adolescent discrepancies in organizational religiousness ($z = 3.21, p < .05$ for externalizing symptoms and $z = 2.88, p < .05$ for internalizing symptoms) and combined levels of organizational religiousness ($z = 2.24, p < .05$ for externalizing symptoms and $z = 2.13, p < .05$ for internalizing symptoms) on boys' maladjustment through parent-adolescent relationship quality.

For personal religiousness, the Equal Direct and Indirect Effect model was the best-fitting model (see Table 2), indicating that boys and girls did not differ with respect to the direct and indirect effects of religiousness on adolescent outcomes. As Figure 2 shows, higher parent-adolescent religious discrepancies and lower combined levels of religiousness were related to poorer parent-adolescent relationship quality for both boys and girls, which in turn, were related to more externalizing and internalizing symptoms. Sobel's (1982) tests indicated significant indirect effects of parent-adolescent discrepancies in personal religiousness ($z = 3.49, p < .05$ for externalizing symptoms and $z = 3.48, p < .05$ for internalizing symptoms) and combined levels of personal religiousness ($z = 3.28, p < .05$ for externalizing symptoms and $z = 3.27, p < .05$ for internalizing symptoms) on adolescents' maladjustment through parent-adolescent relationship quality.

In a follow-up analyses, we added quadratic effects for adolescent-parent religious discrepancy to examine whether discrepancies in general (i.e., discrepancies created when religious parents have less religious adolescents, as well as when they have *more* religious adolescents) were related to parent-adolescent relationship quality. These quadratic effects were not significant ($b^* = .00, p = .97$ for organizational religiousness and $b^* = -.01, p = .82$ for personal religiousness). To confirm the directionality of the effects, we also tested a structural model specifying that poor parent-adolescent relationship quality led to greater discrepancies in religiousness, which in turn led to higher adolescent maladjustment. For doing so, we examined an alternative model in which religiousness was a mediator of the association between parent-adolescent relationship quality and adolescent internalizing and externalizing symptoms. Results indicated no significant indirect effects of parent-adolescent relationship quality on adolescents' maladjustment through parent-adolescent discrepancies and combined levels of religiousness (Sobel's z ranged from .10 to 1.71 and p ranged from .29 to .92).

Discussion

Religious adolescents—and adolescents who have religious parents—tend to experience better family and individual functioning (Brody et al., 1996; Mahoney et al., 2001; Pearce et al., 2003), but these generally positive associations belie an important way that religion can potentially interfere with family and individual functioning. Specifically, we discovered that adolescents who are less religious than their parents tend to experience lower-quality relationships with their parents. Indeed, parent-child relationship quality was more strongly associated with religious discrepancy than with the combined level of parents' and adolescents' religiousness. Specifically, for both boys and girls, larger parent-adolescent discrepancies in personal religiousness were associated with more adolescent internalizing and externalizing symptoms—in part by way of their intermediate effect on the quality of the parent-adolescent relationship. Also, for boys, though not for girls, parent-adolescent discrepancy in organizational religiousness was related to adolescent internalizing and externalizing symptoms in part by way of its intermediate effect on parent-adolescent relationship quality. Furthermore we tested an alternative causal model but did not find evidence that those adolescents who had poor relationships with their parents came to devalue their parents' religious values and the resulting parent-adolescent discrepancy in turn was associated with adolescent maladjustment outcomes. These results therefore extend previous findings on the association of parent-child religious discrepancies with perceived emotional closeness and warmth (e.g., Stokes & Regnerus, 2009) by showing that the effect of religious discrepancies on adolescents' experiences of their relationships with their caregivers apparently leads to higher rates of both internalizing and externalizing symptoms.

One important dimension of these findings is our discovery that not all intergenerational religious discrepancies are alike: It is when parents are more religious than their adolescent

children—and not when parents are less religious than their children—that parent-adolescent religious discrepancy is positively associated with adolescent maladjustment. How might religious discrepancies in which parents are more religious than their children result in poorer parent-adolescent relationship quality that eventuates in an increased risk for internalizing and externalizing symptoms for adolescents? First, these religious discrepancies (and the differences in beliefs, values, and behavioral preferences that are inherent in them) might contribute to poor communication and estrangement between adolescents and parents, which might in turn cause adolescents to feel rejected, anxious, or guilty about turning away from beliefs and practices that the parents cherish (e.g., Tangney & Dearing, 2002), or angry that their parents are judging their behavior according to religious standards that the adolescents themselves do not recognize as valid. Second, religious discrepancies may reflect more pervasive problems with how parents' socialize their children (e.g., ineffective uses of punishment and discipline, ineffective communication styles, etc.). Conversely, the positive association of parent-adolescent religious similarity with parent-adolescent relationship quality (and its apparent downstream consequences for internalizing and externalizing symptoms) might occur because religious similarity means that the adolescents and the parents use shared communication frameworks for resolving their conflicts (e.g., Mahoney et al., 2001). In particular, religion may convey messages to children that their role in the parent-child relationship has spiritual significance such that they should honor their parents, which may facilitate more positive and less conflictual relationships between parents and children. Finally, it should be noted that unmeasured third variables may have contributed to the apparent effects of religious discrepancy. In particular, religious discrepancy might simply be a token of a broader class of parent-adolescent discrepancies in values, attitudes, and beliefs. To the extent that this is the case, the effect of parent-adolescent religious discrepancy on adolescent adjustment might not be unique above and beyond the effects of parent-adolescent discrepancies across that broader domain.

We found evidence for substantial gender differences in the associations between family religiousness and adolescent maladjustment. In particular, the association of family organizational religiousness with adolescent maladjustment was stronger for boys than girls. Also, for boys but not for girls, parent-adolescent discrepancy in organizational religiousness was indirectly related to internalizing and externalizing symptoms through parent-adolescent relationship quality. This finding suggests that boys may be more responsive to both high and low levels of parents' religiousness than are girls (e.g., Flor & Knapp, 2001), and that family organizational religiousness may act as a form of social control (i.e., religious communities provide social networks that facilitate effective control of adolescents by adults; Hirschi & Stark, 1969) to be a more salient protective factor against maladjustment for boys than for girls. A logical next step for future research is to clarify further why family organizational religiousness and parent-adolescent relationship quality have greater influences on boys than girls. Our results clearly demonstrate the importance of future research into gender differences in the effects of religiousness beyond simple across-gender comparisons (i.e., mean level differences) for a better understanding of religion's links to relationship processes and psychological symptoms.

Limitations and Directions for Future Research

First, future studies would benefit from including more diverse religious and cultural groups, as our participants were predominantly from Christian backgrounds. Second, in future research it would be useful to evaluate whether genetic or environmental variation are responsible for the covariation of family religiousness and child/adolescent outcomes. Third, in the current study the relations between parent-adolescent relationship and adolescent adjustment were estimated based solely upon adolescents' self-reports, and they might have

been artificially inflated due to method variance. Using multiple informants (e.g., parents, teachers, and clinicians) and multiple methods (e.g., observation, clinical interview, and formal diagnostic criteria) may be recommended for future research. Finally, our data were cross-sectional and non-experimental, and therefore the directions of influences cannot be verified. Longitudinal studies that can illuminate the directionality of causation among the variables we examined herein would be most useful.

This study's findings contribute to the expanding literature on family religiousness and adolescent development by clarifying when and how parents' and adolescents' religiousness contribute to adolescent maladjustment problems. Religious discrepancies in which parents exhibit higher religiousness than their children seem to be detrimental to parent-adolescent relationship quality, and in turn, to adolescents' behavioral and psychological adjustment. This finding has important implications for a scientific understanding of how religion influences interpersonal functioning and psychological well-being. It also suggests that clinicians should explore religious discrepancies among troubled adolescents and their parents as a potential source of larger relationship and psychological problems.

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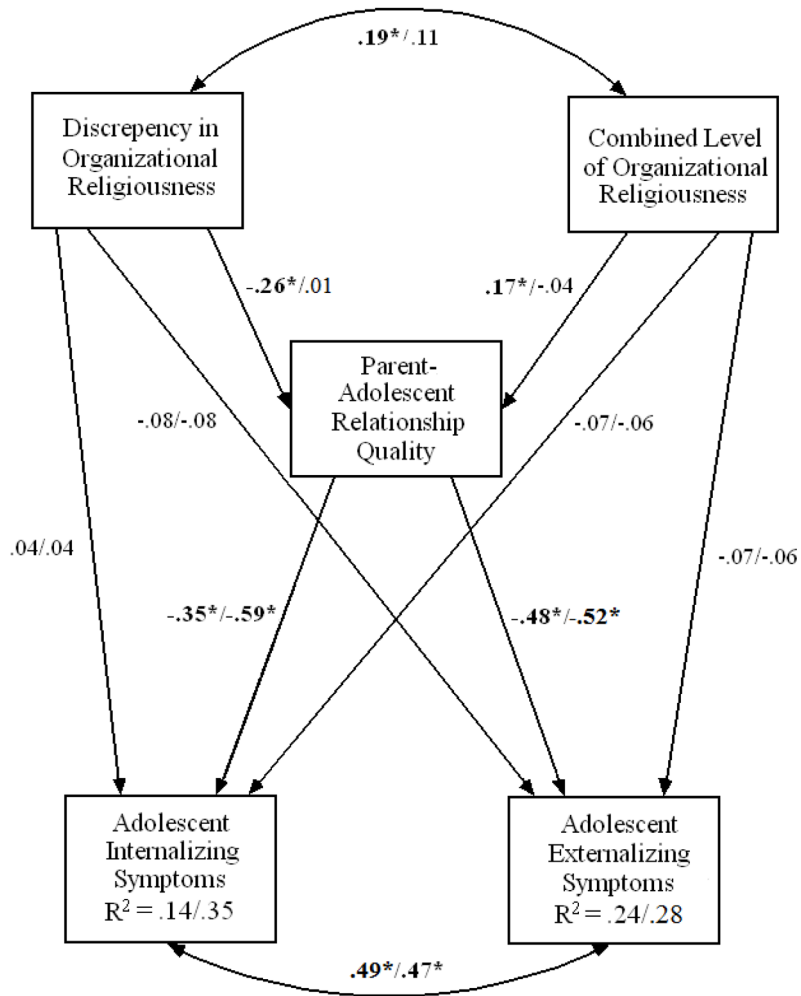


Figure 1. Summarized modeling fitting results of the intergenerational solidarity model of relations among parents' and adolescents' organizational religiousness, parent-adolescent relationship quality, and adolescent internalizing/externalizing symptoms. For each path, standardized coefficients are listed for boys/girls. Significant parameters are in bold face.

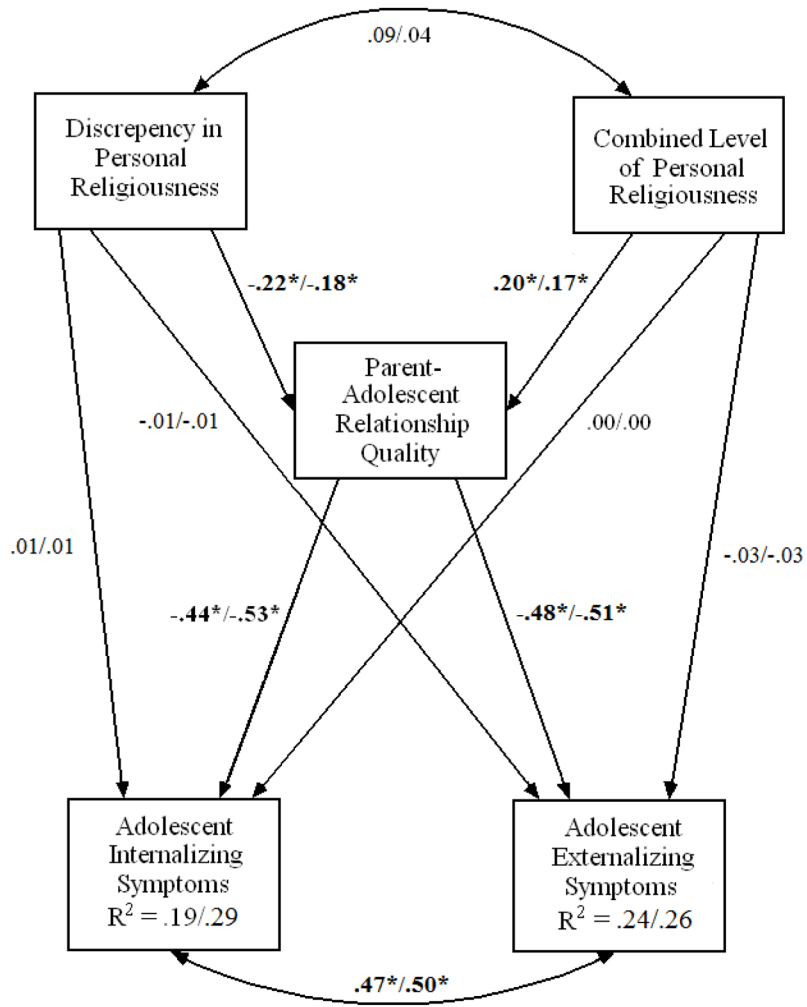


Figure 2. Summarized modeling fitting results of the intergenerational solidarity model of relations among parents’ and adolescents’ personal religiousness, parent-adolescent relationship quality, and adolescent internalizing/externalizing symptoms. For each path, standardized coefficients are listed for boys/girls. Significant parameters are in bold face.

Table 1
 Descriptive Statistics and Bivariate Correlations of Parents' and Adolescents' Religiousness, Parent-Adolescent Relationship Quality, and Adolescents' Adjustment

Variables	1	2	3	4	5	6	7	8	9	Boys <i>M</i> (<i>SD</i>)	Girls <i>M</i> (<i>SD</i>)
1. Adolescents' Organizational Religiousness		.47*	.60*	.41*	-.36*	-.04	-.04	-.05	-.01	3.67 (1.32)	4.01 (1.34)
2. Adolescents' Personal Religiousness	.60*		.44*	.49*	.01	-.48*	.17*	-.11	-.08	3.12 (.75)	3.25 (.74)
3. Parents' Organizational Religiousness	.63*	.34*		.60*	.52*	.18*	-.03	-.11	-.08	3.56 (1.53)	3.60 (1.47)
4. Parents' Personal Religiousness	.49*	.42*	.65*		.26*	.53*	.05	-.08	-.02	3.38 (.82)	3.45 (.76)
5. Organizational Religious Discrepancy	-.29*	-.22*	.56*	.28*		.26*	.01	-.07	-.09	-.11 (1.25)	-.41 (1.26)
6. Personal Religious Discrepancy	-.06	-.48*	.33*	.59*	.47*		-.11	.02	.05	.27 (.84)	.20 (.76)
7. Parent-Adolescent Relationship Quality	.23*	.31*	.01	.05	-.23*	-.24*		-.59*	-.52*	4.19 (.55)	4.24 (.60)
8. Adolescent Internalizing Symptoms	-.15(*)	-.13	.05	.07	.22*	.18*	-.36*		.65*	51.79 (10.21)	50.10 (10.35)
9. Adolescent Externalizing Symptoms	-.15*	-.19*	-.12	-.08	.01	.09	-.47*	.55*		49.44 (9.08)	47.66 (9.85)

Note. Boys' values (N = 177) are below the diagonal and girls' values (N = 145) are above the diagonal.

* $p < .05$;

(*) $p = .05$.

Table 2

Comparisons of Two-Group Structural Equation Models for Religious Discrepancy, Parent-Adolescent Relationship Quality, and Adolescent Internalizing/Externalizing Symptoms

Model Label	χ^2	df	CFI	RMSEA	Comparison	$\Delta\chi^2$	Δdf	p(d)
<i>Organizational Religiosity</i>								
a. Configural Invariance	0	0						
b. Equal Direct Effects	7.28	4	.99	.05	a vs. b	7.28	4	.12
c. Equal Indirect Effects	19.97	8	.96	.07	b vs. c	12.70	4	.01
<i>Personal Religiosity</i>								
a. Configural Invariance	0	0						
b. Equal Direct Effects	4.34	4	1.00	.02	a vs. b	4.34	4	.30
c. Equal Direct & Indirect Effects	9.70	8	.99	.03	b vs. c	5.37	4	.25

Note. Sample size is 177 for boys and 145 for girls. CFI = comparative-fit index; RMSEA = root mean square error of approximation; $\Delta\chi^2$ = difference in likelihood ratio tests; Δdf = difference in df; p(d) = probability of the difference tests. Best-fitting models are in bold face.